

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Jh. | 12 | 7/4/00 |
| O.I.P.E. CLASSIFIER | | 822 | 7/10 |
| FORMALITY REVIEW | SCM | 50 | 08-17-00 |
| RESPONSE FORMALITY REVIEW | A M | 50 | 12-07-00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here